BlueCare Tennessee

CHOICES NEWSLETTER

BlueCare Tennessee CHOICES Program

AUGUST 2016

Instilling Hope: Supporting Members in the New ECF CHOICES Program

Tennessee is making history in the delivery of services to individuals with intellectual and developmental disabilities.

On July 1, 2016, the Employment and Community First (ECF) CHOICES program was launched as the preferred option for individuals with disabilities who receive TennCare℠ benefits. This is a major step in making Tennessee an Employment First state for individuals with disabilities.

Providers will play a key role in assisting members reach their career goals. ECF CHOICES has 14 different employment services intended to meet members wherever they are on their career path.

Services range from assisting individuals in deciding whether they want to work, discovering what they want to do and what their skills are, trying different types of jobs, creating a plan to find employment, assisting in finding work and supporting people while they are working.

With the goal of helping members obtain and maintain jobs, the majority of employment services are individual employment supports, both for wage employment and self-employment, with a few services that can be provided in small groups.

Members will still work with Vocational Rehabilitation to grow along their career path and obtain their career goals. Support Coordinators will initiate the referral, and support both the member and provider in collaborating with Vocational Rehabilitation.

ECF CHOICES Employment Services

- Exploration
- Benefits Counseling
- Discovery
- Situational Observation and Assessment
- Job Development Plan
- Self-Employment Plan
- Job Development Start-Up
- Self-Employment Start-Up
- Career Advancement
- Co-Worker Supports
- Supported Employment Small Group
- Integrated Employment Path Services
- Job Coaching for Individual Integrated Employment
- Job Coaching for Self Employment

Reduce Manual Confirmations for Electronic Visit Verifications

BlueCare Tennessee monitors the use of GPS devices, as well as the volume of manual confirmations for members and providers and it's reviewed on a weekly basis. The latest reports shown an increase in manual confirmations.

Your employees are **required** to electronically clock in and out for approved services rendered to CHOICES members (all services applicable). The check-in and check-out process for workers should be timely and accurate using the GPS device. (Telephony is only to be used when a device is not available or does not work.)

If your agency experiences issues with the GPS device or the approved member phone number, contact BlueCare immediately.

You will receive regular notice about your organization's usage, especially if performance is not in compliance with your contract. Providers who are regularly non-compliant with EVV management and monitoring guidelines could be placed on a corrective action plan.

Please ensure all staff members are trained and know their user ID and passwords. If your staff needs additional training, please contact your Provider Network Manager or email CHOICESProviderRelations@bcbst.com.

Comprehensive Diabetic Care for CHOICES Members in Nursing Facilities

The Healthcare Effectiveness Data and Information Set (HEDIS®) is the measurement tool used by the nation's health plans including BlueCare Tennessee to evaluate clinical quality and customer service performance.

HEDIS results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members. Approximately 50 percent of BlueCare CHOICES members are Group 1 members – members who reside in nursing facilities. These members have gaps in care that span preventive care, and effectiveness of care measures.

A primary focus for CHOICES is monitoring Comprehensive Diabetic Care (CDC). Maintaining medical records for our CHOICES members helps ensure that results are an accurate reflection of the care provided. BlueCare Tennessee Care Coordinators need documentation for the following tests to help ensure proper care:

- A1C
- A1C management (if result is greater than 7)
- Urine protein test
- Diabetic eye exam
- Blood pressure controlled

CHOICES Care Coordinators will alert medical and nursing facilities of members with CDC gaps in care. All services for the CDC measure are covered benefit for CHOICES members diagnosed with diabetes.

Preventing Falls

Our goal is for CHOICES members to maintain their daily activities safely with the assistance and care of providers like you and falls are a major safety risk for these members. Falls can be devastating, deadly and costly. One in five falls causes a serious injury like a broken bone or blow to the head. They become even more dangerous if the person is taking certain medicines (like blood thinners).

Taking precautions can help reduce the risk of falls. Two or more risk factors usually interact to cause a fall. Understanding these risk factors is the first step to reducing older adult falls.

You Can Help Prevent Falls

Always assist members with their daily living activities. About 95 percent of hip fractures are caused by falls and most of those are due to a sideways fall. Providing stand-by assistance can prevent a member from falling sideways.

Many of our members have more than one medical condition and receive multiple medications on a daily basis. Be aware that the combination of these medications and conditions can result in a loss of balance, dizziness and lightheadedness.

Older adults may get prescriptions from multiple doctors and they are not always aware that their daily medications may increase their fall risk. Aging affects the absorption, distribution, metabolism, and elimination of medications. Age can also increase sensitivity to potential side effects.

When members are scheduled to visit with their PCP, encourage them to take all medications to their appointments. Medication review and management by the member's PCP or pharmacist must be completed to improve member safety.

Medication management—adjustments to or changes in medications— can identify and help eliminate medication side effects and interactions, such as dizziness or drowsiness that can increase the risk of falls.

Minor Home Modification – Key Points on Wheelchair Maneuverability

When you're making modifications in a member's home, make sure you follow all Americans with Disabilities Act and American National Standards Institute requirements regarding accessibility.

There are minimum clearance requirements in certain areas to allow access to people with disabilities, including those who use wheelchairs.

The standards also address maneuvering space for wheelchair turning. Provisions throughout the standards reference these basic requirements. Please keep the following challenges and limitations in mind when modifying homes for accessibility:

Wheelchair Maneuvering Space

- Average dimensions of a standard adult manual wheelchair (occupied) are a length of 46-50 inches (includes allowance for feet to overhang) and a width of 23-32 inches (includes allowance for hands and elbows)
- Seat depth 16 inches
- Seat height 19-20 inches
- Arm height 29-30 inches from floor
- Average distance needed for an adult in wheelchair to make a complete circle is 60 inches of clear floor space.
- Minimum clear space for a T-Shape turn of 180 degrees is 36 inches in all directions
- Average reaching distance of a seated adult; side reach maximum height overhead is 54 inches and low reach is 9 inches above the floor (not including over an obstacle like a counter).
- Maximum forward reach is 48 inches above the floor, also not over an obstacle
- Doors require a certain amount of clear space to allow individuals using wheelchairs or other mobility devices to:
  - Approach the door
  - Reach the door or door hardware
  - Open the door while remaining outside the swing of the door
  - Maneuver through the doorway
  - Close the door behind them

Improving the Quality of Enhanced Respiratory Care at Nursing Facilities

Nursing Facilities that are contracted to receive Enhanced Respiratory Care (ERC) reimbursement received the outline of the reimbursement structure and a review of their current quality scores in June 2016. As a contracted BlueCare Tennessee provider, you should have also received the updated ERC Quality Improvement Plan that went into effect July 1, 2016. Please note the important dates and actions outlined in the plan that were implemented in July.

A Pre-Admission Evaluation (PAE) for Secretion Management Tracheal Suctioning has been approved for no more than a period of thirty (30) days. All PAEs for Tracheal Suctioning Reimbursement will continue no later than July 31, 2016, or earlier as specified in the approved PAE. Additionally, a new PAE must be submitted for the resident no later than July 19, 2016 in order to determine whether Secretion Management Tracheal Suctioning Reimbursement will be continued. Finally, the new ERC add-on rates are identified in the plan, and effective July 1, 2016.

To ensure the most accurate claim data is processed, be sure to utilize the approved HCPCS and modifiers listed below to submit for the ERC services as previously mentioned during your meeting with the Bureau of TennCare.

Enhanced Respiratory Care Improvement Plan - HCPCS and Modifiers

ERC	Codes & Modifiers
Sub-Acute Tracheal Suctioning	31899 (no modifier)
Secretion Management Tracheal Suctioning	31899 (SC modifier) ***New Service***
Chronic Ventilator Care	94004 (no modifier)
Ventilator Weaning	94004 (cease use of 22 and use modifier SC

Critical Incident Reporting Management: Theft Prevention

As a CHOICES provider, it's vital for your employees to build a positive relationship of trust with the members they serve.

Unfortunately, statistics show that more than 30 percent of all employees commit some degree of theft. Theft can involve money, checks, credit cards, personal property, medication and/or identity. We receive more reports involving theft than any other category of critical incident.

Members may receive a variety of services, including meal delivery, pest control, lawn care and package delivery. These services can increase traffic in member's home and the potential for theft.

The following are suggestions you can make to help ensure the members you serve do not fall victim to theft and the workers you employ do not put your agency at risk for theft allegations.

For Members

- Use gift cards or prepaid debit cards to minimize the need for your worker to handle cash or financial transactions.
- Have someone they trust help them with online banking and bill pay services.
- Keep doors locked, never open the door to people they do not know.
- Create a list and/or label valuables to aid law enforcement if a theft occurs.
- Never leave valuables like purses, wallets, electronics and jewelry in plain sight or unattended.

For Employees

- Complete financial transactions and prescription pick-ups (especially controlled substances) only when necessary and following your agencies policies and procedures.
- Never discuss personal worries or concerns with the member.

For Your Business

- Perform background checks and drug screenings on all potential employees.
- Check references to identify previous employment concerns.
- Be aware of signs that an employee develops a relationship that extends beyond their job.
- Have specific policies and procedures in place to handle critical incidents involving theft.
- Report all thefts within 24 hours to BlueCare Tennessee (24 hours-a-day/7 days-a-week) by:
  - **Phone:** 1-888-747-8955
  - **Email:** CHOICESQuality@bcbst.com
  - **Fax:** 855-292-3715

Theft is a personal violation of privacy and trust, no matter what type of theft is reported. Be proactive and be prepared to handle any allegations of theft against your agency.

Top Claim Rejection and Denial Reasons

In an effort to reduce claim rejections and denials, the following supplemental information about top rejections and denials is provided to assist you in the event you encounter them. You may also contact Customer Service for additional assistance.

Rejection Reason	Additional Information
110001: Duplicate to receipt date MM/DD	The purpose of this rejection is to identify duplicate claims that have been submitted within a 45-day period, and prevent these claims from being routed to the claims area for processing. To avoid this rejection, please review your remittance advice prior to resubmitting a claim and be sure to follow corrected billing guidelines in the event a correction must be submitted.
150157: STMT FRM/TO DTS NOT = SERV LN DTS	The statement dates and line item dates must correspond. To avoid this rejection be sure the Statement From Date is equal to the earliest Line Item Date and the Statement To Date is equal to the latest Line Item Date.
83964C: ICD-10-CM Diagnosis Code Invalid	Effective the Date of Service 10/1/2015, claims must be submitted with a valid ICD-10 diagnosis code. This rejection is often paired with 140151: PRIN DIAG MUST BE VALID ICD-10 code. To avoid this rejection, claims for dates of service 10/1/2015 and after must be submitted with the appropriate ICD-10 diagnosis code.
130032: CLM ATTENDING NPI MISSING/INVALID	A claim level attending physician NPI is required on CHOICES claims. To avoid this rejection, Block 76 must be completed with valid information.

Denial Reason	Additional Information
Explanation Code W22	Facilities offering more than one level of service will likely have more than one provider number. To avoid this denial, claims must be submitted with the appropriate taxonomy code and revenue codes for the service provided.
Explanation Code WK6	All ICF and SNF claims must be submitted with Occurrence Code 54. To avoid this denial, be sure your claim is filed with Occurrence Code 54 and the last date of a physician follow up visit to the patient/member.
Explanation Code TR0 or AUT	This denial is generated when an authorization is not on file for the service billed. To avoid this denial, be sure you have an authorization for the services provided to the member, prior to submitting your claim. You may contact Customer Service via phone or email GM, Provider Authorization Issues for assistance.
Explanation Code WE0	This denial is generated on Nursing Facility claims when the level of care submitted does not match the member's LTC information. A corrected claim may be required. At times, the member's information may change after the claim has been processed. If you feel this denial is received in error, please contact Customer Service for a reconsideration of the claim.

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"How are we doing"?

As a valued BlueCare provider, we welcome your feedback and would like to hear from you. If there are questions and/or concerns regarding a process or if there is an individual that you'd like to give "kudos" please submit your voice to our CHOICESProviderRelations@bcbst.com.
Looking forward to hearing from you.

Questions

Please contact the provider network manager in your region if we can help you with any questions about the CHOICES program.

Provider Network Managers			
Manager	**Region**	**Phone**	**Email**
Bianca Merrell	East Tenn.	(423) 535-5900	bianca_merrell@bcbst.com
Jonathan Miller	East Tenn.	(423) 854-6001	jonathan_miller@bcbst.com
Jeff West	Middle Tenn.	(615) 565-1937	jeffrey_west@bcbst.com
Vinny Cardi	Middle Tenn.	(615) 565-1907	vincent_cardi@bcbst.com
Ashley McDonald	West Tenn.	(901) 544-2136	ashley_mcdonald@bcbst.com
Sherry Metts	West Tenn.	(901) 544-2459	sherry_metts@bcbst.com

ECF CHOICES Provider Network Managers			
Manager	**Region**	**Phone**	**Email**
Dana Scott	East Tenn.	(423) 535-5982	dana_scott@bcbst.com
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